Notes on nine hundred consecutive cases of midwifery.

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These 900 cases of midwifery have occurred consecutively in a wide-spread Country practice. Abundance of fresh air and fairly healthy surroundings have in the greater number of the cases taken the place of anti-septic applications & precautions and to them, no Doubt, has been chiefly due the almost uninterrupted convalescence of all the mothers. Antiseptics have only been employed when instrumental delivery was necessary, when the hand had to be introduced into the uterus, and after birth when the lochial discharge was scanty, diminished or suppressed, or when there was any rise in bodily temperature or suspicious abdominal tenderness. Carbolic acid and Condy's fluid seemed to meet all requirements. 198 cases were first children and of multiparae there were 702 making exactly 22 per-cent of primiparous cases. The youngest mother was 15 years of age and the oldest 47. The largest number of children any mother has had was 15.

There were only four cases of Twins, one of Triplets and one of Quadruplets. The Triplets and Quadruplets were at or about the Seventh month of Gestation. Two of the Triplets and three of the Quadruplets were living when born but died within twenty-four hours. In the case of the Quadruplets, pregnancy complicated with Ovarian tumour was suspected and after consultation, exploratory puncture was thought of (as the abdominal distension was very great) but before this was carried out premature labour set in and revealed the true state of matters. There were two distinct placentæ and four distinct umbilical cords two being separately attached to each placenta.

Presentation.

In 869 cases the Vertex presented, (96 of which were occipito-posterior) in three there was Face Presentation, in four the Shoulder came first, in three the Hand, and in twelve the Breech. Six cases were

Footling and one the knee, while in two cases the presentation was Transverse.

Still-born Children.

In twenty-nine cases the child was still-born or about three per cent of the whole. The following were the causes; —

1 Hydrocephalic.
1 Anencephalic.
1 Spina-Bifida (with skin peeling.)
3 Pressure on prolapsed Cord.
2 Placenta Previa.
5 Pressure on Cord in Breech presentation and after Turning.
5 Prolonged Forceps delivery.
4 Premature birth. (about 7th month)
3 Still-born on my arrival
4 in Easy natural labours, two being dead for some time, the other two not explainable.

Abnormalities in the Child.

One child was Hydrocephalic and was, with difficulty, delivered by forceps,

after puncture of the head. There was also a large Spina-Bifida. One case was Anencephalic, the base of the skull being evidently complete and the head seemed as if the vault had been evenly sawn off. There were five cases in all of spina-bifida, two being still-born (one the hydro-cephalic) one died of rupture at 2 months, while two recovered, one of small size by simple pressure, the other completely by Morton's method. Hare-lip occured twice, one single successfully treated, the other double with cleft palate and projecting intermaxillary portion as yet too young and delicate for operation. In two cases there was Talipes Varus, one treated suc-cessfully by tenotomy and plaster of Paris apparatus, the other lost sight of.

Termination of Delivery Naturally.

774 cases terminated naturally with little or no interference except in a few of the occipito-posterior cases, which, when

seen and diagnosed early enough, were assisted into the occipito-anterior position, by keeping the head, when it reached the floor of the pelvis, well flexed, through pressing up the forehead or at least by preventing its further advance, so that it might pass over the Ischial Spine of the one side towards the Sacrum, while the occiput rotated below the Ischial Spine of the other side. These occipito-posterior positions of the head were most tedious cases and, when not recognised as such, proved most puzzling and disappointing as early delivery was expected and indeed prophesied on hasty examination.

Termination by Forceps.

In 113 cases Forceps was used to effect or expedite delivery. I may say that Forceps was never once applied to hasten delivery to suit my own convenience and on every occasion the Catheter was previously made use of and the

rectum emptied by Enemata. In all the cases except two Dr Leishman's median Straight forceps was employed and found with care and patience most satisfactory. In the two exceptions a double-curved instrument was substituted. They were both arrested high up, one from the sacral promontory projecting to an unusual degree, the other from a large head with premature closure of the sutures and fontanelles. I find one of the chief factors in several cases urging the use of the forceps was Uterine inertia solely. In these Ergot was Generally given as a matter of routine but even without it I found when the head was advanced by the forceps even to a slight extent, Uterine action frequently began and continued regularly and strongly and without further aid terminated the labour. No doubt, on these occasions, some obstacle was often overcome, but at other times

the mere fact of the head progressing ever so little seemed to stimulate the uterus to contractions which increased speedily till the child was born. On several occasions the Promontory of the Sacrum projected to an unusual extent, at one time necessitating long Smoke-Curved forceps, as the head, arrested at the upper portion of the cavity, had its sides compressed in the reduced Conjugate diameter and the blades of the instrument had to be applied in the transverse of the brim to the long diameter of the head. A flat Sacrum was particularly noted in several cases causing difficulty in rotation and descent of the head and twice severe bladder symptoms followed with retention of urine &c through pressure, though the Catheter was employed before delivery. Anchylosis of the Sacro-coccygeal joint

was well marked in two cases at least and in one of them even with moderate force the articulation was heard to give way before the advancing head and on examination after birth it was proved to have done so, by the unnatural mobility of the Coccyx and the decided tendency forwards of its tip. Besides these there were, of course, other accidental circumstances and causes by which the forceps was indicated, prolapse of the funis, in one case Eclampsia, occasionally constant vomiting, alarming debility, threatening syncope, unusually severe pains in nervous irritable subjects and sometimes, where, with no apparent deficiency in power of expulsion or apparent misproportion between the child's head & the pelvis the labour seemed difficult or impossible to complete without assistance.

Termination by Turning.

Thirteen children were delivered by turning, two in placenta previa, four in shoulder presentation, three in hand presentation, two in Breech, and two with the head arrested above the Pelvic brim. Eight of these were born alive. The still-born were two in placenta previa, one in shoulder and two in hand presentation. The shoulder cases were delivered without great difficulty, except one, which was pretty firmly impacted on my arrival and as the liquor amnii had escaped there must have been interference with the foetal circulation from undue pressure on the placenta. In the hand cases version was attended with very considerable difficulty and trouble and in two the head was arrested at the brim after the turning & the cord submitted to fatal pressure.

Prolapse of the Funis.

In one of the Transverse presentations the cord presented and it was prolapsed in five cases, two of which were successfully treated by the postural method, in two the cord was pulseless on my arrival, while in one too late for Turning the forceps was applied but apparently too slowly to save the life of the child.

Placenta Praevia.

In one of these cases there was marginal insertion of the placenta. The patient, naturally anaemic, was bleeding pretty freely when first seen, indeed on this account only was I sent for. She was at full term in her third confinement. She "had had no pains worth speaking of" as she herself expressed it. The os admitted the tip of the finger and the edge of the

placenta could be distinctly felt, while a small portion of its lower surface was discovered to be separated. The vagina was firmly plugged and a dose of opium given while a little brandy was ordered if she felt faint before my arrival, back. In two hours the pains came on and increased rapidly, due most probably to the irritation of the plug and its distending the vaginal roof and dilating the os. On my removing the tampon the hemorrhage was violent so I punctured the membranes and the head not descending so as to fill the os, I turned as quickly as possible and easily terminated the labour, the uterine contractions being now of considerable force. The child was dead. I had no difficulty at all with the placenta and the mother recovered without the least drawback, except a very

anoemic state which arsenic did more to remove than any preparation of Iron.

In the other case the placenta was central or at least attached nearly all round the os uteri. The mother was at full term with her fourth child. Slight vaginal hoemorrhage for some days had not excited any alarm or indeed attention but on its suddenly amounting to flooding I was sent for. I found the os partially dilated, the placenta lying all round it but on a second examination considerably detached at one side. As the bleeding was very alarming I partially stripped off the placenta at the detached side and turned the child by the combined internal and external method and although any little uterine action was observed before version, shortly after

the leg was brought in through the os the pains began to be powerful and moved the labour without much further assistance, the child, however, being still-born. The removal of the placenta gave a great deal of trouble as at parts it was firmly adherent and only by keeping close to the uterine surface was it got clear away. There was briskk post-partum oozing which was checked by swabbing the lower zone of the uterus with a solution of the perchloride of Iron. In both cases, Condy's fluid, as a vaginal injection was carefully used. In the first case if the head had descended at all after rupturing the membranes perhaps delivery by forceps would have saved the life of the child besides checking the bleeding by the descending foetal head but in the circumstances this seemed to

be no alternative.

Puerperal Eclampsia.

In one case only did convulsions occur. The mother was seventeen years of age, with her first child, which was illegitimate. I was called to see her a week before confinement for very extensive oedema of the legs and lower abdomen, the labia majora appearing like large tumours. There was likewise much puffiness of the eyelids - She complained a great deal of drowsiness, vertigo and a booming noise in the ears, with marked numbness and stiffness of the hands. The urine was scanty & gave a considerable precipitate of albumen with heat and nitric acid and under microscope there were seen some blood Corpuscles and a few hyaline tube casts. She was given an Iron mixture and ordered Saline purgatives. When I arrived at the time of the

confinement (five miles from my house) I found the os well dilated and the head engaging it. In a primipara I never saw pain less complained of, whether there was an unusual want of sensibility on account of the great swelling I do not know, but it almost seemed as if some local anoes-
-thetic had been employed. While all seemed going on favourably, without the slightest warning she became generally convulsed, the fit, however, lasting but a short time and her consciousness being completely re-
-stored. The pains now became much more powerful and she was getting her first whiff of chloroform to prevent a recurrence when a second fit came on as suddenly as the first. She was prevented from doing herself injury and when the spasms somewhat abated, the child was

delivered by the forceps. Soon after delivery she became conscious, though stupid and dazed for some time. There was no return of the convul-sions, unless occasional twitching of the arms and legs, while the coma and other symptoms before labour gradually and completely disappeared. The child gave some trouble to restore its animation.

Retention & Adhesion of the Placenta.

In several cases the placenta was retained and had to be removed by the insertion of the hand into the uterus, but this was only done after considerable waiting and after applying steam but very cautious traction on the cord without success. Often, although the uterus was unable to completely expel the placenta, it was found brought down within reach of the finger and the insertion

of the cord then felt. The presenting part was seized and traction made on this, the cord at the same time acting as a guide to direction and serving as a lever. On some occasions, but not often, there was hour-glass contraction of the uterus, and introduction of the hand into the uterus rendered necessary. I have always made it a practice, after the birth of the head, to follow down the contracting fundus uteri with the left hand or getting an attendant to do so if both hands are engaged. To this precaution I attribute the rare occurrence of hour-glass contraction and to this, also, in some degree, the entire absence of adherent placenta except in placenta previa. True hour-glass contraction has been considered a doubtful occurrence by some authors, Baudelocque considering the

neck of the uterus to be the real seat of the stricture, while Schmidt of Vienna believed the contraction was caused by the os tincæ, and though, no doubt, this is very frequently the case, still there are occasions when the situation of the narrowing is found in the inferior segment of the uterus itself. Although believing, as I do, that it is more due to good luck than to good guidance my not meeting with true adhesion of the placenta, still I cannot help thinking that if constant, gentle pressure were kept up constantly on the contracting womb as a matter of routine, one would possibly hear of fewer cases, both of irregular contraction of the uterus, and of the so-called adhesion of the placenta, unless when located as it is in placenta previa.

Post-partum Hemorrhage.

There were only three occasions after the birth of the placenta, on which hemorrhage occurred to an alarming extent. One mother was the subject of Chronic Bronchitis asthma and during the labour the breathing was very laborious, but after the child was born, it suddenly became, as the mother herself expressed it "easier than it had been for years". The uterus contracted normally to the size of a foetal head but soon again became so flabby and relaxed that its outlines could not be distinctly made out. With the hemorrhage, which was as copious as it was sudden, there was very anxious breathing and at intervals long, sighing respirations, quick, feeble pulse, dimness of sight, and great paleness of the face.

Ergot was given, 3ij doses of the liquid extract with some brandy, the uterus compressed and kneaded & indeed all the usual means for arrest of bleeding employed but none of the means seemed to be beneficial till the cold douche was applied and this was found successful in producing uterine contraction, but this had to be steadily persevered in, for the uterus could be distinctly felt to get relaxed again as soon as the effect of the shock passed away.

In the other two cases the mothers were very delicate, had been hard wrought, and had had large families. In both post-partum hemorrhage had occurred to a slight extent in previous labours. A suspiciously rapid pulse in both indicated a full dose of ergot and the usual other pre-cautions were taken but only the

sudden application of cold had the desired effect, and I would, certainly, in future adopt this means at once.

Action of Ergot.

If asked my opinion of the value of ergot, given internally, in producing contraction of the uterus, I would say that I have found it most uncertain in its action. On some occasions but not very frequently, it caused continuous and violent pains, while, at other times, one drachm doses of the liquid extract (the preparation I have always employed internally) repeated even three or four times had no appreciable effect whatever. I have come to place very little confidence in it as a trustworthy producer of contraction of the uterus. This, of course, only refers to ergot taken by the

mouth, for I find that a freshly-
-prepared solution of Ergotin given
hypodermically is far more trust-
-worthy in its action. I have found
it especially useful in abortion
with Considerable hoemorrhage and
when the placenta in whole or in
part was with difficulty got away.
I do not say that its action is stronger
in cases of abortion, for the larger
the contents of the uterus & the nearer
the full term of uterine gestation
the more powerful will be the effect
of Ergot in any form, or of any
other Ecbolic.

Ligature of the Funis.

When the child has been born
before my arrival and has been at-
-tended to, I almost invariably find
that from six inches upwards of
the Cord has been left with the
child and frequently tied with thick

tape, considerable oozing being discovered on opening out the dressings. To prevent such a large mass of tissue left to decay, I always leave as nearly as may be two inches from the ligature, which is preferably composed of half-a-dozen threads of linen. I always employ two ligatures for safety, besides one on the maternal side for cleanliness. Most of my patients being a considerable distance away is the reason of all extra precautions. Only on two occasions have I had serious hoemonhage from the funis and in these the cord had been severed so closely that simply to tie it was very unsatisfactory and I had to use a hare-lip pin to the stump and a figure of eight ligature around it. For any irritation or redness about the umbilical cicatrix, I have found

a pad of absorbent salicylic wool answer better than any thing else.

Resuscitation of the Child.

In many of the cases the child was in a state of suspended animation from pressure on the cord after turning or in tedious labours with the funis coiled two or three times round the neck of the infant. Occasionally more of a bloodless state was present from premature separation of the placenta. In the former class a slight bleeding from the divided cord was encouraged, and then, as in the latter class of cases, artificial respiration (Sylvester's) was employed and, even in apparently the most hopeless cases, with success. Alternate hot and cold douching and rubbing of the chest with whisky or some other such stimulant I found very beneficial

but more especially the Stimulant to the Chest for his often seemed to me to have quite a remarkably good effect if applied suddenly or sprayed over the part.

Death of child long time before labour.

The mother, a strong healthy woman, the wife of a ploughman, sent for me the day after she had had a severe fall from a dresser striking in her descent against the back of a small chair and injuring her abdomen. Though faint at the time, she only rested for a little, but not being conscious of any foetal movements, which had previously given her even annoyance, she became anxious about herself. On examination no foetal pulsation could be heard and the abdomen seemed markedly shrunken, although she considered herself to be nearly at full term. I enjoined her to rest in bed.

Three weeks exactly after this labour set in, the mother's health in the interval having suffered to a great extent. Though the os was fully dilated on my arrival, there was little or no expulsive pain, so I applied the forceps with caution, for, on the least traction, I could feel the head and neck yielding in an unmistakable way. After considerable time and patience the child was born, its head being almost detached from the body. The child was in an advanced state of decomposition, rather dry than moist, the placenta being soft and friable, but there was no hæmorrhage. A few days after labour, a large piece of membrane, almost like a cast of the uterus, came away. Though suffering from what seemed to be subinvolution of the uterus, the mother made a good though rather

tedious recovery, and gave birth to a healthy child at full term nearly twelve months after. The length of time the dead foetus was retained (three weeks) is my only reason for recording the case, as there can be little doubt of the child dying shortly after the accident.

Subinvolution of the Uterus.

In several of the cases after delivery the uterus has been a long time of regaining its normal size. The precise cause was very difficult to make out. No obstacle to the passage externally of its contents existed. The lochial discharge continued even longer than usual in some of the cases, but there was a certain amount of abdominal tenderness, while a temperature of 100° often persisted for even weeks. With these symptoms the uterus felt larger than it should

be. and to the touch was somewhat boggy and tender, showing, I presume, that the natural process of involution was being retarded from some cause. Frequent, careful washing out of the vagina, small doses of Dover's powder and the occasional application of a turpentine stupe to the abdomen seemed to be the treatment, which, in my hands, gave most relief. In several of these cases the lacteal secretion was almost entirely absent or temporarily arrested, but in all, I think, it returned in course of time.

Rupture of Perineum.

In two cases did this happen at least to any appreciable extent, once in a severe instrumental delivery, which was sutured at the time, and gave no subsequent trouble. The second was caused by

the passage of the shoulders of a very large child and although not ruptured quite into the bowel I sutured it at the time with Carbolised Cat-gut; the wound healing kindly by first intention. I know of no operation, which, at the time, looks more unpromising, nor do I know of any wounds which a day or two's waiting so changes from an apparently alarming extent to one of even trivial consequence. I partly attribute the small number of perineal lacerations in my experience, to the practice I nearly always adopt, in instrumental delivery, of almost leaving it entirely to the patient's own expulsive powers, when the head comes to be pressing on the perineum and, of course, seeing that the handles of the instrument sweep well over the abdomen of the mother, for I

would be inclined to think that this critical time in the case is the period when the blades often cause the injury. Every one, I fancy, must however admit that there are cases where no amount of caution will prevent this accident and if one could only have a little timely warning no doubt the small lateral incisions would be beneficial but the event is often too sudden for calculations. I do not include here the usual small lacerations common in primipara and indeed on nearly every occasion.

Imperforate Hymen.

Although hardly coming under the title of this paper I may give a few notes of a case of the above as I see it is being written about at this time in British Medical Journal. I might almost entitle it, "Imperforate hymen

causing symptoms like those of labour"
Two years ago (March 1888) I was called
six miles away to see a girl, the
messenger (the patient's father) being
unable to give me any notion what
the nature of the illness might be.
On being asked if it was a case of
confinement, he said "he was afraid so".
The girl, aged seventeen, had never
menstruated and had been in service
for eight months, when she became
very unwell, suffering from severe
abdominal pain which took turns
of exaggeration nearly every week &
certainly at the times when her periods
were present. She was driven home
from her place (three miles) and when
I arrived at the house I found her on
her knees in front of the fire, with
her elbows resting on a chair and
making just such outcry & bearing
down in such a manner as a woman

in labour would do. Her mother told me at the door that such was the case, and on first impression I thought so too. She was placed in bed and on external examination I found a tumour rather larger than the foetal head just in the site of the uterus. On attempting a vaginal examination I immediately discovered the true cause of the girls distress. The finger was arrested quite at the entrance of the vagina by a bulging tumour which besides fluctuating on pressure also became more tense and prominent each time the uterus contracted. The action of the uterus, which I watched for a little time, was as regular and rythmical, as the pains of an ordinary labour. Under Chloroform I made a crucial incision through the imperforate hymen, which was remarkably thick and very strong.

There was an immediate gush of a dark-coloured, treacly-thick and in-odorous fluid to the extent of quite more than a pint. I introduced a strip of lint, soaked in Carbolic oil, into the vagina, as antiseptic drainage (all I had at hand) and beyond dilating the vaginal orifice for a few days in succession and using a tepid Sublimate injection the case gave no further trouble. Of course besides great relief physically to the poor girl it gave much Comfort to the whole household who feared that a disgrace was about to befall them. With Dr Grange of Moffat I have since seen a precisely similar case, similarly treated and with good results, although this girl subsequently died of phthisis. As my patient has since developed some symptoms suspicious of phthisis, it may be that there is

more than a casual relationship be-
-tween the one condition and the other.

Ovarian tumour simulating pregnancy.

This patient was forty-two years of age and had an illegitimate daughter when twenty-eight years old. The ab-
-dominal distension of which she com-
plained was very great before I was called in to see her & had set up pul-
-monary symptoms from pressure. On asking if pregnancy were possible, she said it might but she did not believe such to be the case. She had men-
-struated quite regularly till about three months ago and the loss at the last three or four periods had been very great. All the physical signs pointed to ovarian disease but pregnancy combined was just possible. On aspirating through a large needle there came some semi-fluid matter just like boiled corn-flour in colour

and consistence. Two days afterwards (pregnancy being put out of the question by vaginal examination) with the assistance of my kind neighbours (Dr. Maclachlan of Lochmabie and Dr. Grange of Moffat) I opened the abdomen by the usual median incision and removed a large multi-locular ovarian cyst (nearly as large as the pregnant uterus at full term.) There were only a few adhesions at the left broad ligament which I removed with the left ovary (the right ovary appearing healthy) The pedicle was tied with strong catgut and returned into the abdomen. No antiseptic spray was used but antiseptic treatment was otherwise as well carried out as five miles distance from my house would allow. The patient made an uninterrupted recovery with the exception of two of the sutures in the abdominal

wall giving way from a troublesome cough which had been set up by the abdominal distension giving rise to slight oedema of the lungs.

This patient would not take the advantage of the infirmary, (from deep-seated prejudice still lurking in some country districts) and I was forced to do it in the private house which fortunately was healthily situated, good July weather giving much assistance.

Extra-uterine pregnancy.

One case of which I have no doubt was extra-uterine pregnancy occurred during this succession of midwifery cases. The woman had not menstruated for six months and the abdomen was occupied by a tumour (as large as a six months uterus) situated decidedly to the left side. She had a good deal of uneasiness in the abdomen, the

stomach sympathizing more than in any of her four previous pregnancies. Constipation, with alternating turns of diarrhea gave much trouble. A fortnight or so before her sudden death I examined her per vaginam. The os was within easy reach of the finger, the uterus feeling as of normal size and remarkably movable. I then told them of my suspicion that something was abnormal and that some operative interference would probably have to be considered; but while waiting a little till I could get her stomach into better tone and her general health somewhat improved, one night on rising up in bed, her husband says, she uttered one loud scream and fell back in a faint as he thought. Before his return, however, from the adjoining apartment from calling up her mother, she had suddenly expired.

On my arrival I found that the abdomen had lost its feeling of tension and the tumour was reduced to a third of its size. There can be little doubt, I think, that the extra-uterine cyst had given way but as no post-mortem examination was obtainable one has to remain in the dark as to particulars.

Scarlet Fever in Child-bed.

On three occasions has Scarlet-Fever either been present or has broken out in a house where a confinement has taken place. In one case three children were down with a sharp attack of Scarlatina, and although the mother, who was daily looking for her confinement, was warned to go to a neighbouring friend's house, she could not be made to leave her children. On the third day after her confinement she had vomiting &

and the usual symptoms of fever. The next day she was covered with a copious rash with a sharp attack of sore-throat. The lochia became almost suppressed as also the lacteal secretion. Her temperature before the rash appeared was 105°. The head symptoms were the most alarming. She, a naturally very quiet woman, had violent, noisy delirium for eighteen hours, with eyes deeply injected, hard, dry tongue and inability to swallow. When the delirium subsided (the greatest benefit being got from an ice-cap frequently changed) the worst of her attack was over. The secretions became re-established and she had a good recovery with the exception of slight albuminuria which continued for a month, and caused, no doubt, by her being up in her room on the

twelfth day after her accouchement, against my orders I need not say, but her concern for her little boy, who had very severe sore-throat, over-came all suggestions to take care.

In the other two cases Scarlet-Fever broke out amongst the chil-dren while the mothers were still confined to bed, although after the births, one of the cases being a severe instrumental delivery. Though neither of the mothers had had the disease, very strange to say, they escaped, although lying in the same apartment and no great pre-cautions of any kind being able to be taken, unless scrupulous clean-liness, and profuse applications of Condy's fluid. The fact of its being midsummer in the country the plentiful supply of fresh air may have done much to prevent

infection. These would seem to be cases, (quite conclusive,) which would go a long way to prove that Scar-latina is not specially apt to attack in-lying women.

Diphtheria in lying-in room.

On several occasions births have occurred in the same apartment when cases of diphtheria were lying at the same time, and indeed in one the mother was confined rather before her expected time from over-work nursing her sick children. Though fatal cases have even occurred in the same room, I am not aware of any of the mothers contracting the disease, unless in two where sore throat, (suspiciously like diphtheria) occurred three weeks after childbirth, one of them having subsequent paralysis, thus almost proving the nature of the illness.

These, however, are only two cases, and one doubtful, although in frequent epi-demics here, the chances & risks of infection are very great.

Puerperal Fever.

On one occasion only was anything worthy of the name of puerperal fever present. It was after a very severe instrumental labour. On the third night after her confinement, the woman had a severe rigour followed by severe febrile symptoms, her temperature at one time being 105°. There was considerable abdominal tenderness in the situation of the uterus but nothing like general peritonitis. The lochial discharge was suppressed as was also the secretion of milk. These symptoms lasted for three days and then gradual recovery took place. No source of infection could be discovered and though all the symptoms

of puerperal fever were present more or less, yet I cannot help thinking that a chill was the cause as she was confined in a cold, damp room in cold, wintry weather. She was with her first child (which was illegitimate) and was taken into this apartment for quietness, tho' I condemned it at once. The case may rather have been one of pure metritis as the patient was making a good convalescence till the sudden rigour occured. No other approach to puerperal fever ever occured during this series of cases and this is the more remarkable as scarlatina was occasionally present, and many cases were seen by me just immediately after been at infectious houses, and after just after dressing unhealthy wounds, indeed all the duties of a General practitioner in the Country. Severe Complications

after delivery of any kind were very unusual. Only one case of phleg-masia dolens occurred, but quite a number of cases of mammary ab-scess were noted, partly due, no doubt, to the stupid custom, among women of the working class, of going about when suckling, with the dress round the breasts in the most open fashion, re-gardless of cold, even in wintry weather.

These notes can claim no originality but are just the pure matter of facts as they cases occurred in the daily hard routine of a country doctor's life.